

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	DN	32	
FORMALITY REVIEW	ZK	SCSS 1	12-27-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final Original	11/20/03
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	0
8	✓
9	—
10	—
11	—
12	—
13	—
14	—
15	—
16	—
17	✓
18	✓
19	✓
20	✓
21	✓
22	✓
23	0
24	✓
25	✓
26	—
27	—
28	—
29	—
30	—
31	—
32	—
33	✓
34	✓
35	✓
36	✓
37	✓
38	✓
39	0
40	✓
41	✓
42	—
43	—
44	—
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Claim	Date
Final Original	51
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Claim	Date
Final Original	101
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If more than 150 claims or 10 actions  
staple additional sheet here

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